

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

RECEIVED

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only: Dept. of EHN

I. D. Number

Date Received DEC 2 - 1992

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Piedmont Sheet Metal

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 401 North Broad StCounty: ForsythCity: WS State: NC Zip Code: 27101Tele. No. (Area Code): 919 724-7439

II. LOCATION OF TANK(S)

Facility Name or Company: Piedmont Sheet Metal

Facility ID # (if available)

Street Address or State Road: 801 N. Broad StCounty: Forsyth City: WS Zip Code: 27101Tele. No. (Area Code): 919 724-7439

III. CONTACT PERSON

Name: Ted Cook Job Title: Vice President Telephone Number: (919) 724-7439

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GWUST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: M & M Pump and TankAddress: 210 Applewood Dr State: NC Zip Code: 271023Contact: Richard McClure Phone: 945-3678

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>4000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>2</u>	<u>6000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Ted Cook, Vice President*Scheduled Removal Date: 12-30-92Signature: Ted CookDate Submitted: 11-30-92

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.